

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024350
STATE FILE NUMBER

FILED JUL 2 1958

Registration District No. 956

Primary Registration District No. 6209

Registrar's No. 28

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Texas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Piney Twp</u> | | c. CITY OR TOWN <u>10700</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) <u>2mi. E. of Houston</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>William Gilford Davis</u> | | 4. DATE OF DEATH Month Day Year <u>6-20-58</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-19-1870</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 11. BIRTHPLACE (City and state or country) <u>Houston, Missouri</u> | |
| 13a. FATHER'S NAME <u>Jackson Davis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lucinda</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT Address <u>Lucinda Davis - Houston, Missouri</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia acidosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, pericarditis</u> DUE TO (c) <u>4500</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH <u>3-4 days</u> <u>20 yrs.</u> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>1950</u> to <u>June 19, 1958</u> and last saw her alive on <u>June 19, 1958</u> Death occurred at <u>6:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>Frank A. Elders, M.D.</u> | |
| 22b. ADDRESS <u>Houston, Mo.</u> | | 22c. DATE SIGNED <u>6-25-58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>6-23-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Pine Lawn</u> | 23d. LOCATION (City, town, or county) (State) <u>Houston, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Raymond F. Duff - Houston, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>June 30-58</u> | 26. REGISTRAR'S SIGNATURE <u>Murtrie Craig</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Every cause, even if minor, must be stated in Part 18. No symptoms with or without. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4026
P. O. Address Houston, Tex.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.